

## CITY OF FAIRFAX PARKS AND RECREATION DEPARTMENT

*"Amazing Experiences!"*

**Administration Office**  
 10455 Armstrong Street Phone: 703-385-7858  
 Fairfax, VA 22030 Fax: 703-246-6321  
 www.fairfaxva.gov ParksRec@fairfaxva.gov

## PARENT/GUARDIAN/PRIMARY HOUSEHOLD CONTACT INFORMATION

LAST NAME		FIRST NAME		HOUSEHOLD E-MAIL	
ADDRESS		CITY		STATE ZIP	
( ) ( )		( ) ( )			
HOME PHONE		CELL PHONE		OTHER PHONE NUMBER	
EMERGENCY CONTACT NAME		RELATION		EMERGENCY CONTACT NUMBER	
<input type="checkbox"/> CHECK IF YOU ARE A CITY OF FAIRFAX RESIDENT				RELATION	

PARTICIPANT'S LAST NAME	FIRST NAME	DATE OF BIRTH	SEX	GRADE	PROGRAM TITLE	SESSION	FEE

## IMAGE RELEASE

I hereby grant permission to the City of Fairfax to utilize any photograph, videotape, recording or other record of me or my child's participation in the program for any legitimate purpose.

PLEASE CHECK: ☐ Yes ☐ No

## ASSUMPTION OF RISK: FOR ALL CITY OF FAIRFAX ACTIVITIES IN THE PARKS AND RECREATION DEPARTMENT.

I certify that I am older than age 18 and/or the parent/legal guardian of the participant. Due to the strenuous nature of some activities, the Parks and Recreation Department encourages each participant to consult his or her physician concerning fitness to participate in the program. The participant or parent/legal guardian consents to emergency treatment. Also student and parent understand and expressly assume all risk of all bodily injuries and property damages which might arise from my participation in all City of Fairfax activities in the Parks and Recreation department.

PRINT NAME

PARTICIPANT/PARENT OR LEGAL GUARDIAN SIGNATURE (All participants over 18 years of age must sign this registration form.)

DATE

**PAYMENT METHOD** ☐ AmEx ☐ Discover ☐ MasterCard ☐ Visa ☐ Cash ☐ Checks (Please make check payable to City of Fairfax.)

CREDIT CARD OR CHECK NUMBER

EXP DATE

CSW/SECURITY CODE

TOTAL FEE

CARD SIGNATURE

Registration Form